

## **COMMONWEALTH OF MASSACHUSETTS**

## Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200 (617) 521-7794 • FAX (617) 521-7771 http://www.mass.gov/doi

## HOLDING COMPANY REGISTRATION STATEMENT AFFIDAVIT

I,,	of
(Name)	(Title)
	(the "company"), a duly organized
(Name of Insurance Company)	
and existing company incorporated under the l	aws of the State of,
hereby depose, under oath, and state that the co	ompany is a member of an insurance holding
company system as defined in M.G.L. Chapter	175, Section 206, that the company is authorized
to do business in the Commonwealth of Massa	chusetts, that the company has filed in its state
of domicile, pursuant to(Cite Domiciliary State Law/F	a registration statement with disclosure Regulation)
requirements and standards substantially similar	ar to those required by Section 206C of said
Chapter 175 and the regulations promulgated t	hereunder, and that the domiciliary state grants
a similar exemption to insurers domiciled in th	is Commonwealth.
(Signature)	(Date)